

1-23-02

GP 3652



PATENT  
US-1483

CERTIFICATE OF MAILING BY EXPRESS MAIL TO  
THE COMMISSIONER OF PATENTS AND TRADEMARKS

3617

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I certify that the attached **Amendment of JUSTEN et al. for AIR INTAKE SILENCER, Serial No. 09/714,316, filed November 16, 2000**, including:

- Amendment (24 pgs.) in response to Office Action dated October 19, 2001
- Submission of Marked Up Claims (5 pgs.)
- Amendment Transmittal (3 pgs.)(in duplicate)
- Return Receipt Post Card

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Commissioner for Patents, Washington, D.C. 20231.



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PATENT  
US-1483

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Justen et al. : Art Unit: 3617  
Serial No.: 09/714,316 : Examiner: A. Vasudeva  
Filed: November 16, 2000 :  
For: AIR INTAKE SILENCER :

**Commissioner for Patents**  
**Washington, D.C. 20231**

**AMENDMENT TRANSMITTAL**

1. Transmitted herewith is an amendment for this application.

**STATUS**

2. Applicant is

- a small entity. A verified statement:  
 is attached.  
 was already filed.  
 other than a small entity.

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*FEB 04 2002*  
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**CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8a)**

I hereby certify that this correspondence is, on the date shown below, being:

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FACSIMILE

transmitted by facsimile to the Patent and Trademark Office

Date: \_\_\_\_\_

Bruce T. Atkins, Reg. No. 43,476

## EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a)  Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)(1-5) for the total number of months checked below:)

| Extension<br>(months)                 | Fee for other than<br>small entity | Fee for<br>small entity |
|---------------------------------------|------------------------------------|-------------------------|
| <input type="checkbox"/> one month    | \$ 110.00                          | \$ 55.00                |
| <input type="checkbox"/> two months   | \$ 390.00                          | \$ 195.00               |
| <input type="checkbox"/> three months | \$ 890.00                          | \$ 445.00               |
| <input type="checkbox"/> four months  | \$ 1,390.00                        | \$ 695.00               |

Fee: \$ \_\_\_\_\_

If an additional extension of time is required, please consider this a petition therefor.

*(Check and complete the next item, if applicable)*

- An extension of \_\_\_\_\_ months has already been secured. The fee paid therefor of \$ \_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ \_\_\_\_\_.

OR

- (b)  Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| (Col. 1)  | (Col. 2)                                 | (Col. 3)         | SMALL ENTITY                | OTHER THAN<br>A SMALL<br>ENTITY     |
|---|--|------------------|-----------------------------|-------------------------------------|
| CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT               | HIGHEST<br>NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | ADDITIONAL<br>RATE FEE      | OR<br>ADDITIONAL<br>RATE FEE        |
| TOTAL   | MINUS                                    | *                | =                           | x \$9 = \$                          |
| INDEP.  | MINUS                                    | **               | =                           | x \$40 = \$                         |
| <u>— FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</u> |  |                  | + \$135 = \$                | + \$270 = \$                        |
|   |  |                  | TOTAL ADDIT.<br>FEE      \$ | or      TOTAL ADDIT.<br>FEE      \$ |

(c) ✓ No additional fee for Claims is required.

**OR**

(d) \_\_\_\_\_ Total additional fee for claims required \$\_\_\_\_\_

### FEE PAYMENT

5. \_\_\_\_\_ Attached is a check in the sum of \$\_\_\_\_\_.

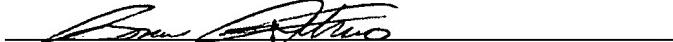
\_\_\_\_\_ Charge Deposit Account No. 01-2384 the sum of \$\_\_\_\_\_  
A duplicate of this transmittal is attached.

### FEE DEFICIENCY

6. ✓ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

**AND/OR**

✓ If any additional fee for claims is required, charge Deposit Account No. 01-2384.

  
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